



**COVID 19 (nCorona) Virus Outbreak Control and Prevention State Cell**  
**Health & Family Welfare Department**  
**Government of Kerala**

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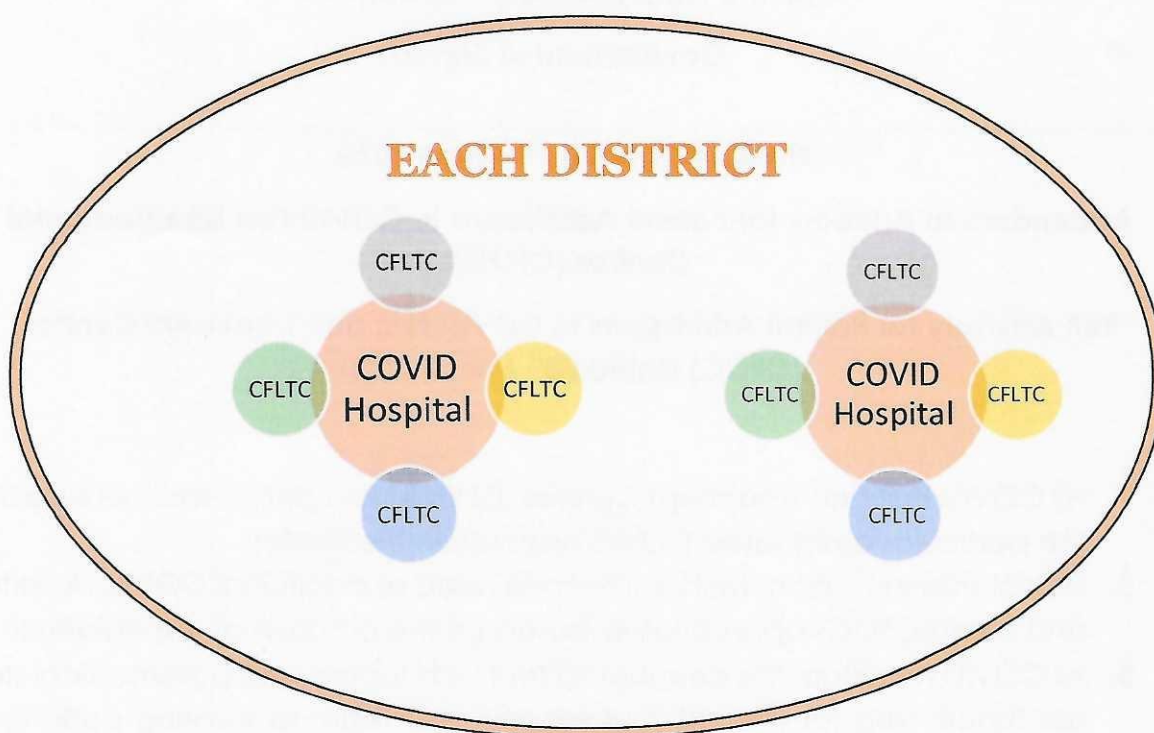
**No-31/F2/Health 10<sup>th</sup> June 2020.**

**Addendum to Advisory for Patient Admissions to COVID First Line Treatment Centres (CFLTC)**

**Ref: Advisory for Patient Admissions to COVID First Line Treatment Centres (CFLTC) dated 28<sup>th</sup> March 2020**

1. All COVID First Line Treatment Centres (CFLTCs) in a district shall be linked to the particular designated COVID hospitals in the district.
2. District administration shall be informed need of additional COVID Hospitals and linked CFLTCs appropriately based on the progress of the epidemic.
3. All COVID Hospitals' the designated team of Doctors and paramedical staff are functioning for the last four months. The team of treating patients in COVID Hospitals have gained experience. They shall act as 'hub' for providing technical guidance to the team of doctors and paramedical staff of CFLTCs.
4. A team of doctors and paramedical staff [ preferably two from internal medicine, two from paediatrics] are present in all designated COVID hospitals constituted by the COVID cell in the institution. Their service shall be made available 24x7. The phone numbers of the team members of COVID Hospitals will be provided to doctors at CFLTC.
5. There should be good liaison between the Medical Officer in Charge and Doctors of CFLTC and the team at the COVID Hospital.

## SCHEMATIC REPRESENTATION OF HUB AND SPOKE MODEL AT DISTRICT LEVEL



6. All CAT A/asymptomatic COVID-19 positive patients should be admitted in CFLTCs. As per the availability of infrastructure they may be accommodated in a ward setting.
7. Those CAT A/asymptomatic COVID-19 positive patients admitted in dedicated COVID hospitals should be referred back to CFLTC. They may be accommodated in a ward setting.
8. This way there will be following categories of patients in CFLTCs –
  - a. Known positive patients – asymptomatic
  - b. Known positive patients – mild symptoms
9. Doctor in CFLTC should assess the clinical condition of all patients preferably twice daily and if needed should discuss with the COVID Hospital team through Telemedicine facility. In case of progression to CAT B, doctor in CFLTC should discuss with the team in COVID Hospital and as per their direction should refer to the linked COVID hospital immediately.

10. Pulse oximetry should be performed minimum twice daily on all patients admitted in CFLTCs.
11. In case of hypoxemia [ $\text{SpO}_2 < 94\%$  in room air,  $\text{RR} > 20/\text{min}$ , hypotension] the HUB team in COVID Hospital should be informed and the patient should be **immediately** referred to the linked COVID hospital. The CFLTC doctor shall contact the HUB team with the clinical details and the checklist for collectively taking a decision on referral.

#### **CHECK LIST FOR REFERRAL TO COVID HOSPITAL**

Parameter	Critical value for referral
Temperature	>100 degrees F
Respiratory rate	>20/ minute
Heart rate	>100/minute
Blood Pressure	<100/70 mmHg
Comorbidities	Uncontrolled Diabetes, Uncontrolled Hypertension, CAD, COPD, malignancies, patients on Chemotherapy & immunocompromised, CKD, CLD etc
<b>SpO2 on room air</b>	<b>&lt;95% on room air</b>

#### **12. TELEMEDICINE IN HUB AND SPOKE MODEL:**

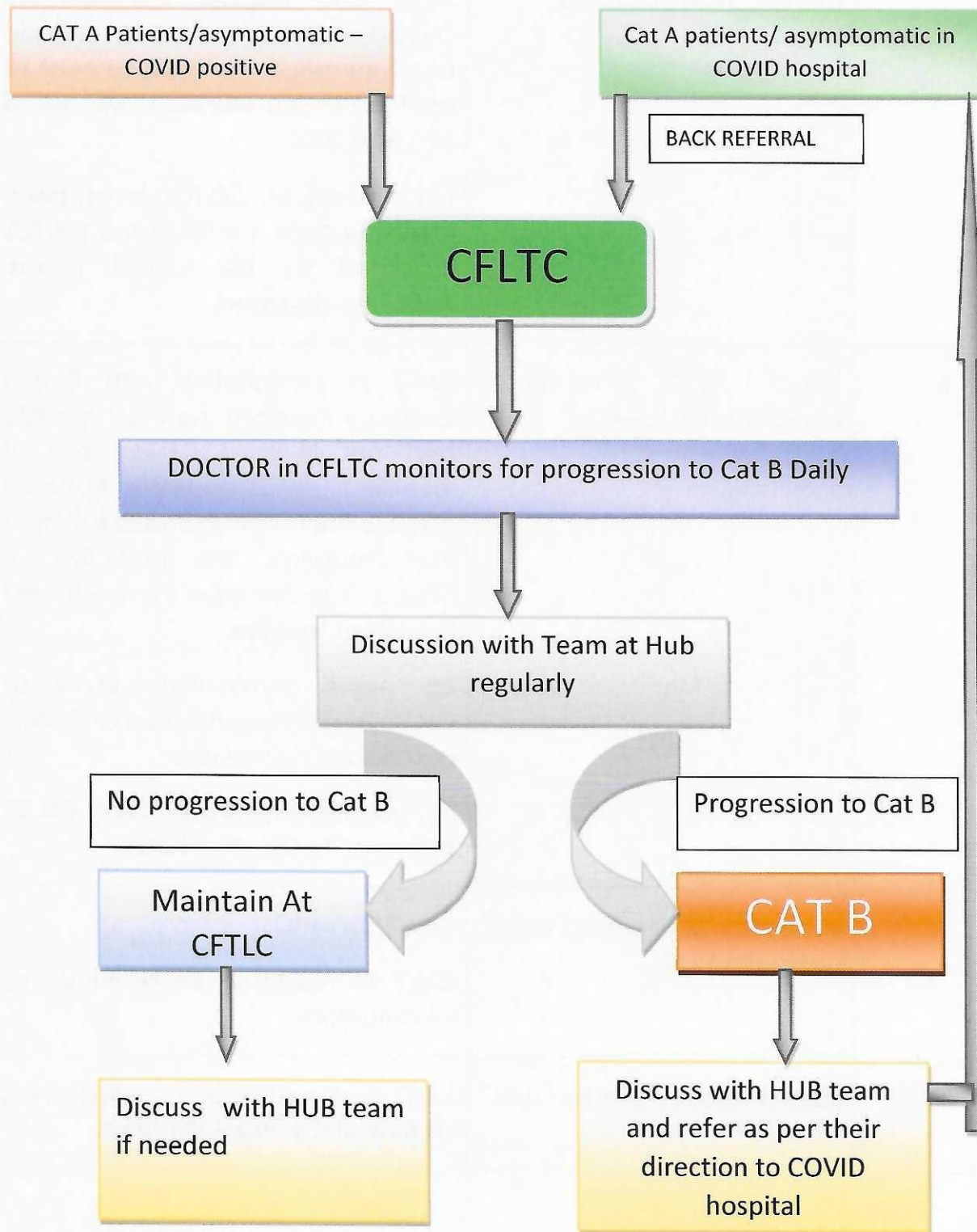
Telemedicine shall be used in the Hub and Spoke model to ensure that specialist consultation is provided to the required patients in CFLTCs through the team of Doctors from the linked COVID Hospitals. The Doctor in CFLTC shall make a list of patients who require specialist consultation and group them based on the specialty. The same should be informed to the Hub-team in the COVID Hospitals. The Hub team shall make the necessary arrangements and make a schedule for tele-consultation with the CFLTC patients requiring specialist consultation. The schedule should be communicated to the Medical officer in charge of CFLTC and a designated senior consultant/senior faculty should be identified from each specialty for the same. Video calls shall be made wherever required for the purpose of Physician-patient and Physician-Physician consultations. Video call facilities shall be arranged in CFLTCs as well as in COVID Hospitals for the same. Internet connectivity should be made available at CFLTCs for the purpose. Written consent should be taken from the patient for teleconsultation on the case sheet

of the patient. Confidentiality and privacy of the consultations should be ensured. Gender sensitivity should be considered while conducting teleconsultations.

13. Depending on the epidemic in the respective district we will increase the number of COVID Hospitals. The decision regarding additional COVID Hospital shall be taken in consultation with the district health administration by the State RRT. (The districts have already prepared the data of Hospitals in Government and Private Sector. Teams may refer to the guidelines regarding converting Hospital into COVID Hospitals are already issued.)
14. Similarly, depending on the epidemic in the districts, we will keep on adding the CFLTCs linked to the respective COVID Hospitals. The district administration have the list of CFLTCs already identified in consultation with LSGD. The districts may work out the plan of actions of adding the CFLTCs on the order of priority by ensuring the basic infrastructure availability. Health related infrastructure and human resource deployment shall be done by the Health Department.
15. The Human Resource for the CFLTC may be deployed by redeployment from FHCs and volunteers available in the districts.
16. Necessary capacity building of all the functionaries, Health staff and non health staff, shall be simultaneously done.
17. The District Medical Officer in consultation with the Superintendents and the health teams working in COVID Hospitals and CFLTCs shall ensure the rotation of the Health Teams.
- 18. The detailed Standard Operation Practices for COVID First Line Treatment Centres patient care and management shall be issued separately. The respective districts may do appropriate customization as per the field situation.**



## SOP FOR EMPOWERING CFLTCs THROUGH HUB AND SPOKE MODEL



## Roles and responsibilities

SI No	Actions	Remarks
1.	Identification of CFLTCs	<p>LSGD and Disaster Management Department are to identify and do basic infrastructure improvement as per the GO ( Rt) 440/2020 DMD dated 30<sup>th</sup> April 2020.</p> <p>The first set of CFLTCs have been identified from the list of the CFLTCs indicated by the district teams. Annexure attached.</p>
2.	Select 1 CFLTC to attach to each COVID Hospital	<p>DMO in consultation with District Collector to select the most feasible and apt located CFLTCs out of identified CFLTCs by LSGD. As far as possible the buildings should be other than Hospitals. The objective of CFLTCs is to increase the beds and treatment facilities.</p> <p>Eg. Adlux convention center as CFLTC Ernakulam attached to COVID Hospital MCH Ernakulam</p> <p>Eg. Lakshdweep Guest House CFLTC attached to GH Kozhikode</p>
3.	Inspection of selected CFLTC by Health Staff	<p>Report to DMO.</p> <p>DMO to report to Dr Bindu i/c of Infrastructure</p>
4.	Deploy Health Team for CFLTC	DMO to coordinate by redeploying HR from FHCs and Volunteers.

5.	Equip CFLTC – Medicine and required equipment	The District KMSCL Officer to coordinate medical requirements in consultation with DMOs.
6.	Health Team and COVID Hospital Team coordination	Daily interaction in the evening to appraise the conditions of patients.
7.	Daily coordination with CFLTC and COVID Hospital by DMO	DMO to discuss with teams and coordinate taking patients who are asymptomatic and mild symptoms from COVID Hospitals to linked CFLTCs and if the patient is going in B category as per the criteria mentioned in this advisory to be shifted to COVID Hospitals.
8.	State RRT to have oversight mechanism	During discussion with COVID Hospitals / DMOs/ DSO/ DPMs the coordination with CFLTC issues to be discussed regularly. Weekly report to be submitted to Government.

  
Principal Secretary

## COVID HOSPITAL – LINKED CFLTCs

Sl. No.	Name of covid hospital	CFLTCs	Bed Strength
1	MCH Thiruvananthapuram	IMG Thiruvananthapuram	91
2	GH Thiruvananthapuram	BSNL Training Centre Niramankara	100
3	GMC Paripally Kollam	Younus Engineering Hostel	60
4	DH Kollam	PWD Hostel- Aashramam	70
5	GH Pathaanamthitta	Zion retreat center	53
6	DH Kozhenchery	mount carmen eng hostel	134
7	GMC, Kottayam	Thuvanisa retreat center kothanalloor	100
8	GH Kottayam	MGDM Kangazha	100
9	T D Medical College	IMS ,Punnapra north	100
10	THQH Haripad	Vrindavanam Ladies Hostel,Chengannur	30
11	DH Idukki	Fourtunater Center Kattapana	50
12	DH Thodupuzha	Mar Baselious College, Kuttikanam	120
13	GMC Ernakulam	Adlux Convention Center, Karukutti	200
14	PVS Kaloor Erankulam	CIAL Convention Centre, Nedumbassery	100
15	THQH Chalakudy	Koratty Training Center	80
16	Medical College, Thrissur	Vettinary College Hostel, Mannuthy	80
17	DH Palakkad	Administrative wing of GMC	100
18	GMCH Manjeri	Parijatham Calicut University Hostel, Neduva	65
19	DH Tirur	Al shifa hostel, keezhattur	55
20	GMC Kozhikode	Shanthi Nursing Hostel Omassery	132
21	GH Kozhikkode	Lakshadweep guest house	275
22	DH Mananthavady	FLTC Wayanad Sqare	30
23	GMC Kannur	Dental College Hostel, Pariyaram	200
24	DH Kannur	SN College Hostel	100



25	Anjarakandy Medical College	College Hostel Mattanoor	50
26	GH Thalassery	Palayada campus Paramedical Hostel	50
27	GMC Kasargod	Lakshmim Meghan Kanhnagad	80
28	GH Kasaragod	Udayagiri CFLTC Kasaragod	60
29	DH Kanhnagad	K.V CFLTC Guruvanam, Kanhangad	40